

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044220

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10850

STATE FILE NUMBER

FILED NOV 19 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in lb
15 yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY -c. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 6716 Devonshire
usual residenceInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 6716 DevonshireReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First John Middle Clemens Last Frank

4. DATE
OF
DEATH

Month 11 Day 11 Year 1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
11-9-18949. AGE (last birthday)
68IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR.
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Real Estate Salesman10b. KIND OF BUSINESS OR INDUSTRY
Mehler Realty Co.11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.13a. FATHER'S NAME
(unk.)
Frank13b. MOTHER'S MAIDEN NAME
Sallie Shultz14. NAME OF HUSBAND OR WIFE
Sally Williams Frank15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
Yes World War I

16.

17. INFORMANT
Address
Sally Williams Frank, 6716 Devonshire18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Cardiac Dilatation &
Pulmonary edema 1 hrConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardio-Vascular disease - hypertension present 7-18-61

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

443X

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-31-57 to 11-11-62 and last saw her alive on 11-11-62

Death occurred at 2:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John + Flynn BS MD

22b. ADDRESS

1715 St. 39th St. St. Louis Mo

22c. DATE SIGNED

11-12-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

removal

23b. DATE

11-14-62

23c. NAME OF CEMETERY OR CREMATORY

Jeff. Barr. National Cem.

23d. LOCATION (City, town, or county)

St. Louis County

23e. STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Hoffmeister Colonial, 6464 Chippewa

25. DATE RECD. BY LOCAL REG.

NOV 13 1962

25. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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See Flynn 1715 S. 39th

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John L. Dennehy
Licensed Embalmer No. 4194
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.